

Exhibit-23

NBMC - PATIENT FACESHEET

PATIENT #: 264526787 MR #: 589206

PATIENT NAME: COOPER, DAVID

PT SS #: 082-44-2746
LOC ADDR:

REL: MOS

PT TYPE: C
PT STS:
ROLLOVER:
AGE: 53

BIRTHDATE: 08/23/1952
PERM ADDR:

1698 BLOUNT ROAD
MAILING ADDRESS
POMPANO BEACH

FL 33069

DSCH IND:
ROOM:
HOSP SVC: MED
NURSE STA:
MARITAL STS: S
SEX: M

GUAR NAME: COOPER, DAVID
GUAR ADDR: 1698 BLOUNT ROAD
POMPANO BEACH

FL 33069

PLAN CODE S33

PRIMARY INSURANCE: M'CAID 21 & OVER

POLICY HOLDER'S NAME: COOPER, DAVID

INS. COMPANY PHONE #:
BILLING ADDR: MEDICAID

PO BOX 7062

PLAN CODE W01 TALLAHASSEE FL 32314

SECOND INSURANCE: TFA/M'CAID TIME USED

POLICY HOLDER'S NAME: COOPER, DAVID
INS. COMPANY PHONE #:
BILLING ADDR:

PLAN CODE

THIRD INSURANCE:

INS. COMPANY PHONE #:
BILLING ADDR:

POLICY #: 8229858152

GROUP #:

IP AUTH #:

OP AUTH #:

ER AUTH #:

POLICY #: 082442746

GROUP #:

IP AUTH #:

OP AUTH #:

ER AUTH #:

ADMIT DR NO:

ATN DR NO: 061417

POLICY #:

GROUP #:

ADDRESS:

EMPLOYER NAME: UNEMPLOYED
EMPLOYER PHONE:

PHONE #:
EXT #:

GUAR EMPL NAME: UNEMPLOYED
GUAR EMPL ADDR:

PHONE #:

SPOUSE/NEXT OF KIN: PT STS, NO
ADDRESS:

ADMIT SOURCE:

TRAUMA IND: N

ADMIT DR.:

ADMIT DR. PHONE#: 954-938-8998

PVT DR.:

ATN DR.:

TYPE OF DELIVERY:

DX:

PVT DR #:

PREV ADMIT DATE:

ADMIT DATE: 03/27/06

DSCH DATE: 03/28/06

INJURY DATE:

COMMENTS:

HDR:<.....> DSM IND:
MANAGED CARE IND: EPI IND:

PT LANGUAGE:

CORP ID#: 0001627979

10:30 07/04/06 FROM 3CH4, NSACTVF2
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CONFIDENTIAL: